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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 525639

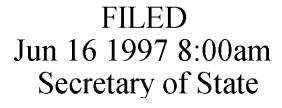
(1)

HERNANDO CITY HEIGHTS, INC.

ζ.

Principal Place of Business

Mailing Address





VAN NESS ROAD		VAN NESS ROAD P O BOX 207 HERNANDO FL 34442-020							
					3. Date incorporated or Qualified 3s. Date of Last Report 02/10/1977 03/15/1996				
2. Principal P	lac e of Business	2a. Mailing Address	2a. Mailing Address 26		4. FEI Number 59-1812017	Applied For			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		39 10 120 17	Not Applicable \$8.75 Additional			
22		27	<u>├</u> ──		5. Certificate of Status Desired	Fee Required			
City & State		City & State	City & State		6. Election Campaign Financing		\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees				
Zip 24	Country	Zip	Country 8. This corporation has liability for intangible tax under s.			s. 199.032,			
24 25 29 30 30 20 29 Name and Address of Current Registered Agent			30		Florida Statutes				
ATS	NSBURY, HELEN H.	Total Togalia	61	Name	It, Hame and Address of frew ries	instance wh	OIII.		
	'AN NESSAROAD								
	NANDO FL 32842		82 Street Address (P.O. Box Nu		fress (P.O. Box Number is Not Acceptabl	e)			
			83						
	· ·		84	City			85 Zip	Code	
ad Discount	to the manifold of Continue CO7.	0500 4 002 4500 51- 51- 61-		l		FL			
Office of r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida, Such change was .	authorized bi	a the corners	poration submits this statement for the pu ation's board of directors. I hereby accept	urpose of cr I the appoin	ianging i itment as	s registered s registered	
SIGNATURE		gamena on coolen con locoo, in	orate otatato	0.				1	
- SIGNATORE	Stonature, typed or printed name of registered		E: Rogistered Ag	ent signature requ	ared when reinstating)	DATE			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE				
TITLE	PD ATTION AFTER II	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	STANSBURY, HELEN H. VAN NESS ROAD		1.2 NAME					;	
STAEET ADDRESS	HERNANDO FL		1.3 STREET ADDRESS					Į.	
CITY-ST-ZIP TITLE	14.01		1.4 CITY-S	ST - 7IP			1.5	4495	
NAME	BLOOM JOHN D		2.1 TITLE 22 Name		.*	L.,	Change	Addition 1	
STREET ADDRESS	410 S FERN DR		2.3 STREET	90.100.04					
CITY-ST-ZIP	CRYSTAL RIVER FL							1	
TITLE			2. 4 CITY- 3.1 TITLE	51 - £Itr			Change	Addition	
NAME	OTANOBURY O W		3.2 NAME			L	, o ango		
STREET ADDRESS	PO BOX 618 VANNESS RD N/A		3.3 STREET	ADDRESS					
CITY-ST-ZIP	HEDNANDO EI		3.4 CITY-						
TITLE			4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREET	ADDRESS					
CITY-ST-ZIP			4.4 CHY - S	1 - ZIP					
TITLE		☐ DELETE	51 TITLE				Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 \$1REET	ADDRESS					
CITY-ST-ZIP			5.4 C/1Y - S	T-7IP		- · · · · · · · · · · · · · · · · · · ·			
TITLE	•	DELETE	6.1 TITLE				Change	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S	T-ZIP					

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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